



April 2008
MINORITY COMMUNITY HEALTH ACTIVITIES/EVENTS
Report Form

1. Name of Activity: _____

Date of Activity: _____

Type of Activity (*health fair, screening, etc*) _____

Target Group

_____ African Americans _____ Hispanic/Latinos _____ American Indians/Alaska

Natives

_____ Asian Americans Pacific Islanders

_____ Native Hawaiians/Other Pacific

Islanders

Location: City/Town _____

Sponsored By (*Name Of Organization*) _____

Contact Information:

Name _____ Phone _____

Email Address _____ Fax _____

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Return By March 10, 2008:

SC DHEC- Office of Minority Health, 2600 Bull Street, Columbia, SC 29201

Fax: (803) 898-3810

For Questions Please Call: (803) 898-3808